

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046666 (0)
1. Corporation Name

LEMON BAY GOLF COMPANY



Principal Place of Business: 4880 PLACIDA ROAD, UNIT K ENGLEWOOD FL 34224
Mailing Address: 4880 PLACIDA ROAD, UNIT K ENGLEWOOD FL 34224

3. Date Incorporated or Qualified: 06/15/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0600725 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-fields for Suite, Apt #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DUNKIN, DAVID A, 170 WEST DEARBORN STREET, ENGLEWOOD FL 34223-3290

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	[] Change [] Addition
NAME	SCHORRY, HARRY J	12 NAME	[] Change [] Addition
STREET ADDRESS	222 ROTONDA CIR.	13 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	ROTONDA FL 33947	14 CITY-ST-ZIP	[] Change [] Addition
TITLE	ST	21 TITLE	[] Change [] Addition
NAME	RIDGE, ROBERT W	22 NAME	[] Change [] Addition
STREET ADDRESS	9494 ROSEBUD CIR.	23 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	ENGLEWOOD FL 34224	24 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	31 TITLE	[] Change [] Addition
NAME	[] DELETE	32 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	33 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	34 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME	[] DELETE	42 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	43 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	44 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME	[] DELETE	52 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	53 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	54 CITY-ST-ZIP	[] Change [] Addition
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME	[] DELETE	62 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	63 STREET ADDRESS	[] Change [] Addition
CITY-ST-ZIP	[] DELETE	64 CITY-ST-ZIP	[] Change [] Addition

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 941/697-7275 [Signature]

CR2E034 (3/96)